

1-48

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	The CORE Center, dba Pregnancy Resources of Delaware County
Federal Tax ID Number	[REDACTED]
Street Address	652 W Central Ave #30
City, State Zip code	Delaware, OH 43015
County of Location Providing Services (One Application Per Location)	Delaware County
Address where ODH should Direct Payment	652 W Central Ave #30 Delaware, OH 43015
Counties of Service <i>This location serves women from the following counties:</i>	Delaware and contiguous counties
Name of Person and Title completing application	Cynthia Violet, Executive Director
Area Code/Phone Number	740-417-9358
Email	cindyv.prdc@gmail.com

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;

- E. Does not charge pregnant women for any services received;
 - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
 - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.
- III. Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.
- IV. For Current Choose Life Organizations:** By June 1, 2016, you must submit the following with this Application:
- A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
 - 1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 - 2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

4. A new Supplier Information Form. (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

V. For New Choose Life Organization Applicants: By June 1, 2016 submit the following:

- One (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Supplier Information Form

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Authorization Agreement for Direct Deposit of EFT Payments form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/31/16

Date

Cynthia Violet

Signature of Person Completing Application

Cynthia Violet, Executive Director

Application to be submitted to:

Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor
Columbus, OH 43215
Attention: Marius Igwe

Phone: 614.466.4634

Email: Marius.Igwe@odh.ohio.gov



SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. Incomplete forms will be returned. All information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 - PLEASE SPECIFY TYPE OF ACTION (REQUIRED)

☒ NEW (W-9 OR W-8ECI FORM ATTACHED) ☐ CHANGE OF CONTACT PERSON/INFORMATION

☐ ADDITIONAL ADDRESS

☐ CHANGE OF ADDRESS - (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)

ADDRESS TO BE REPLACED:

☐ CHANGE OF TIN (W-9 & A CHANGE OF TIN FORM)

☐ CHANGE OF NAME (W-9 & A CHANGE OF NAME FORM)

☐ CHANGE OF PAY TERMS

☐ CHANGE OF PO DISPATCH METHOD

☐ OTHER

SECTION 2 - PLEASE PROVIDE SUPPLIER INFORMATION (REQUIRED)

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM) The CORE Center

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE) dba Pregnancy Resources of Delaware County

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN):

SECTION 3 - REMIT TO ADDRESS (REQUIRED)

ADDRESS:

652 W Central Ave., #30

COUNTY:

Delaware

ADDRESS (CONT.):

CITY:

Delaware

STATE:

OH

ZIP CODE:

43015

CONTACT NAME:

Cynthia Violet, Executive Director

PHONE: 740-417-9358

FAX: 740-990-0648

E-MAIL: cindyv.prdc@gmail.com

SECTION 4 - ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS:

COUNTY:

ADDRESS (CONT.):

CITY:

STATE:

ZIP CODE:

SECTION 5 - CONTACT PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE E-MAIL ADDRESS BELOW - (BUSINESSES ONLY)

NAME: Cynthia Violet

E-MAIL: cindyv.prdc@gmail.com

TO ADD AN ADDITIONAL OR TO REPLACE THE CURRENT STRATEGIC SOURCING (SS) CONTACT

☐ ADDITIONAL STRATEGIC SOURCING CONTACT

☐ REPLACE SS CONTACT (WILL BE MARKED INACTIVE)

NAME:

E-MAIL:

SECTION 6 - PAYMENT TERMS (PLEASE CHECK ONE - IF NONE IS SELECTED THEN NET 30 WILL APPLY)
Invoices will be paid in 30 days from invoice date unless an alternate pay-term is selected below

☐ 2/10 NET 30

☒ NET 30

SECTION 7 - PURCHASE ORDER DISTRIBUTION - OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POs)

E-MAIL OR FAX:

SECTION 8 - PLEASE SIGN & DATE (REQUIRED)

PRINT NAME: Cynthia Violet

SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED)

Cynthia Violet

DATE:

5/31/16

SECTION 9 - STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)

AGENCY CONTACT NAME/E-MAIL/PHONE:

Ohio Department of Health/Choose Life Fund/Marius Igwe

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk. Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each supplier.

SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:

Email: supplier@ohio.gov

Fax: 1 (614) 486-1652

Mail: Ohio Shared Services
Attn: Supplier Operations

P.O. Box 162880 Cols., OH 43216-2880

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO - SS1 (1-877-644-8771)

1 (614) 338-4781

Website: www.ohiosharedservices.ohio.gov/

Email: supplier@ohio.gov

INVOICE

Invoice #: 0119

Invoice Date: 09/23/2016

Purchase Order #: DOH01-0000045598

OAKS Vendor #: 0000238879

Bill To: Ohio Department of Health
Bureau of Maternal, Child and Family Health
P.O. Box 118
Columbus, Ohio 43216

Remit To: Pregnancy Resources of Delaware
County
652 W Central Ave Ste 30
Delaware, Ohio 43015

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$1,460.00

Program Approval: <u>[Signature]</u>	Grand Total	\$1,460.00
Approval Date: <u>9/23/16</u> <u>OK</u> <u>[Signature]</u>		

Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services **MUST** be included on the invoice.

Dept of Health

Supplier:
0000238879
PREGNANCY RESOURCES OF DELAWARE COUNTY
652 W CENTRAL AVE STE 30
DELAWARE OH 43015

Purchase Order		Date		Revision		Page	
DOH01-0000045598		08/30/2016				1	
Payment Terms		Freight Terms		Ship Via			
Net 30		FOB Destination, Prepaid		N/A			
KENNON A HUGHES		Phone		Currency		USD	

Ship To: Dept of Health
P003574
KENNON A HUGHES
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

BNI To: Dept of Health
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

Line-Sch	Quantity	UOM	
1- 1	1	AMT	Choose Life Program

Unit Price	Extended Amt	Due Date
1,460	1,460.00	
Schedule Total	1,460.00	
Item Total	1,460.00	

ODH Contact: Marius Igwe 614-466-4634 Contract# 8066

Total PO Amount 1,460.00

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head

Richard Hodges, MPA
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

John R. Kasich/Governor

614/466-3543
www.odh.ohio.gov

Richard Hodges/Director of Health

Cynthia Violet, Executive Director
The CORE Center, dba Pregnancy Resources of Delaware County
652 W. Central Avenue #30
Delaware, OH 43015

Tax ID: [REDACTED]

Dear Ms. Violet:


Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

- Delaware \$1,460.00

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$1,460.00 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or phone 614-466-4634.

Sincerely,


Richard Hodges, MPA
Director of Health